



**Kansas Department of Health and Environment  
Bureau of Air and Radiation  
1000 SW Jackson, Suite 310, Topeka, KS 66612  
Phone (785) 296-6422 Fax (785) 291-3953**

**Emergency Generators  
Application for Approval**

**Emergency Generators  
Associated Fuel Storage Tanks**

**Number of Units \_\_\_\_\_  
Number of Units \_\_\_\_\_**

This application is suitable for emergency generators used only for back-up power when the primary electric power is interrupted during emergency situations or for short periods to perform maintenance and operational readiness testing.

<b>Contact Information</b>	
Contact Name	
Contact Telephone Number	
Contact E-mail Address	
Company Name	
Address	
City, State, Zip	
Fax Number	
<b>Location Information</b>	
Site Location Name	
Street Address	
City, State, Zip	
County	
Section, Township, Range	

I certify that the above information is true, accurate, and complete.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complete the above form and fax to (785) 291-3953, or mail to the above address.  
Attach an Additional Location Information Sheet, if necessary.**